

LOCAL PROGRAMS AGREEMENT CHECKLIST**Request for Local Agency/State agreement for Federal/State funding:****Project No.** _____**A. Funds:**

1. _____ Federal _____ TSM match _____ LS Partnership _____ Match/Exchange

2. _____ Bicycle Lane Acct.

3. _____ Prop. 116 Bicycle _____ EEM _____ FCR _____ TSM _____ TEA

Is a CTC 2nd vote required? _____ Yes _____ No (Normally req'd for line 3. items)

Has it been scheduled/voted? _____ Yes _____ No Date _____

B. Agreement Type

_____ Master _____ Supplement _____ Revised Supplement _____ Special Program

C. Phases to be Covered:

Funding: _____ PE _____ ROW _____ Const. _____ Other (specify) _____

D. Standard Conditions:

Who will:

____ Advertise ____ Award ____ Administer ____ Furnish RE ____ Maintain

L = Local Agency S = State O = Other (Specify) _____

E. Reimburse State for:

_____ Resident Engineer _____ Inspection _____ Other (specify) _____

F. Cooperative Agreement No. _____ (if any)**G. If multiple fund sources are to be used provide estimates and clarifying information defining covenant references needed in the agreement.****H. Describe any other special conditions applying to the project.****I. Agency Contact Person** _____ **Date** _____ **Phone** _____Attach an updated finance letter.

LOCAL PROGRAMS AGREEMENT CHECKLIST

Request for State/FHWA agreement (PR-2/2A) for Federal funding:

Project No. _____

A. Agreement Type

_____ PR-2 _____ PR-2A (modification to PR-2)

B. Federal Funds

_____ STP _____ STP/TEA _____ STP/Safety _____ CMAQ _____ HBRR
_____ Demonstration _____ ER _____ Other (specify) _____

C. Phases to be Covered:

_____ PE _____ ROW _____ Const. _____ Other (specify) _____

D. TIP Consistency

_____ Funds requested do not exceed amounts in approved FTIP/FSTIP.

_____ Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by MPO rule:
(Describe rule)

E. Consistency with "Authorization to Proceed"

_____ No change from amounts authorized.

_____ Increase funds for: _____ PE _____ ROW _____ Const. *

_____ Decrease funds for: _____ PE _____ ROW _____ Const. *

F. Agency Contact Person _____ Date _____ Phone _____

Agency: _____

Address: _____

*Attach an updated finance letter.